

Department-of-Surgery



News Letter

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THE OBJECTIVES OF SURGICAL TRAINING

This department believes that the fundamental aim of surgical training is to improve the quality of the surgical care of people. It believes this will ultimately be achieved when surgery is entirely done by physicians with qualifications based on appropriate training and experience. In the long run, surgery should be done by surgeons. At the present time, it is estimated that at least half of the operative procedures in this country are performed by individuals not possessing such qualifications. Obviously, to achieve better surgical care, the country needs more surgeons. It is the obligation of the departments of surgery to produce them as rapidly as they can be assimilated in an ever-changing pattern of medical practise. Surgical training is arduous and of great length; it is divided in stages, each of which has a specific objective.

A. Premedical Preparation: The objective of the college experience should be to expose the student to a broad humanistic education designed to enlarge his intellectual and moral horizons, to implant the drive toward continuing self education, and to broaden his understanding of the activities of mankind.

B. Medical School Preparation: The objective of the medical school course in surgery should be to familiarize the student with the current scope and future potentialities of surgery in the treatment of humans with disease. It is essential that he grasp the fact that the basis of surgery is the biological sciences. To this end, anatomy, chemistry, pathology, and physiology, as they relate to the care of the patient, must be heavily emphasized. Of surgical technic, only the principles should be taught. Anesthesia, asepsis, hemostasis, and gentleness with living tissue -- these are fundamental to all manipulative procedures in medicine from venipuncture to thoracotomy. He must be well aware of the great therapeutic accomplishments of surgery. On the other hand, he must also be well aware of the pitfalls, difficulties, complications, and dangers of operative therapy.

At the conclusion of his medical school career, therefore, the student should be aware of the potentials and the risks of surgical therapy.

C. The Internship: The objective of the internship is to develop the student as a physician. To this end, his clinical experience in the diagnosis

and management of people with real or imagined disease must be enriched, and his sense of unending obligation to the needs of his patient must be firmly ingrained. During his short tour on the surgical service, this aim is accomplished by emphasizing the admixture of science and thoughtful sympathy in careful pre- and postoperative care of the patient. Little technical training is desirable or possible during this short period.

At the conclusion of his internship, the student has begun to mature as a physician, but is still incapable of any surgical procedures unsupervised.

D. The Residency (graduate training in surgery): The objective of the residency is to produce a practicing physician capable of responsible operative intervention in the treatment of the sick patient. To this end, a broad guided technical experience leads to progressive operative responsibility, always with insistence on the strict self discipline demanded by the needs of the patient and the moral integrity to do with courage, only those procedures honestly felt to be for the benefit of the patient. Investigative experience promotes critical analysis of the reasons for action and helps to imbue a continuing interest in the sources and methods of dissemination of professional knowledge, and a sense of obligation to promote the standards of his specialty.

At the conclusion of four or five years of residency, the student is capable of skillful responsible operative treatment of a wide variety of human ailments, and is interested in bringing only the best to his patient. He will continue to be a student for life.

Men of such ilk will be fitted to assume the responsibilities of patient care and hospital leadership in the community hospitals throughout the country. When they are in sufficient number, through their efforts the standards of surgical practice will be more uniformly advanced, and most of the current abuses, we believe, will have disappeared. The people will receive a better quality of surgical care.

Henry Swan

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Faculty News

At the recent meeting of The American Academy of Orthopedic Surgery in Chicago in January, Dr. Atha Thomas was elected Vice-President of the Society. In addition, the following members of the staff of the Department of Surgery, Division of Orthopedics, were elected to membership: Drs. Eugene Bigelow, Mack Clayton, Robert Gunderson and James S. Miles.

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The Rocky Mountain Orthopedic Club is sponsoring a LECTURE BY SIR REGINALD WATSON-JONES (ORTHOPEDIC SURGEON TO THE QUEEN) ON MAY 18, 1956, IN THE DENISON AUDITORIUM AT 8:00 P.M. All students and faculty members

are cordially invited to attend.

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Final arrangements have been made for the change in the first year of the Orthopedic Residency. The first year resident, instead of spending a year in General Surgery, will be clearly aligned with the Division of Orthopedics. He will be assigned to the Orthopedic Service at the National Jewish Hospital where he will participate not only in the care of orthopedic patients there, but in their research program as well. In addition, the resident will be assigned to Denver General Hospital where he will assist in the care of patients in the emergency room and in the research program there. He will be responsible for the preparation of the seminars in Orthopedic Pathology and other parts of the teaching program.

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Dr. J. C. Owens has recently returned from a 10 day trip sponsored by the MEND program during which he attended an intensive course put on by the Armed Forces. A report of this experience will appear in a subsequent issue.

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